

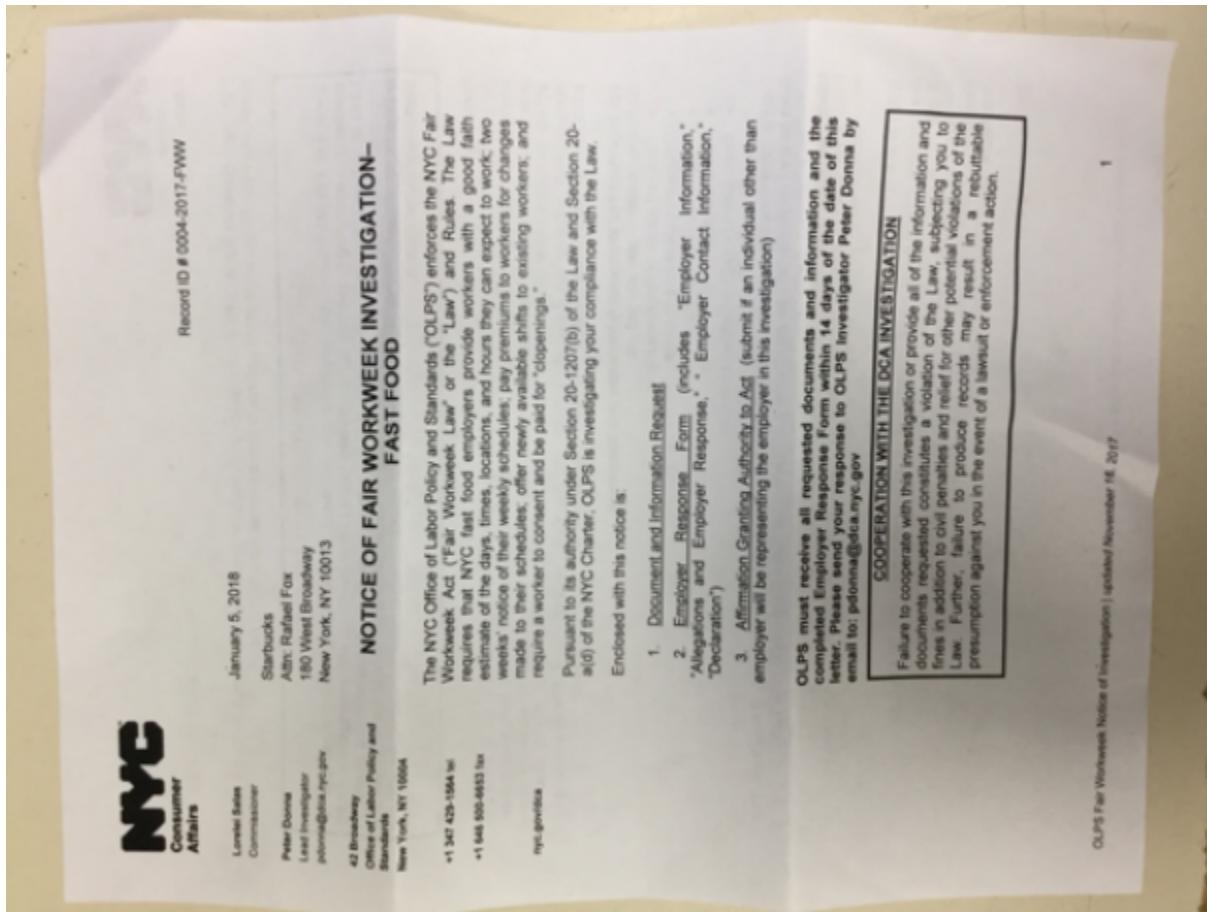
# **EXHIBIT 1**

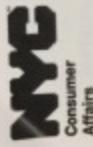
**From:** "Rafael Fox"  
**Date:** Wednesday, January 10, 2018 at 4:24:57 PM Eastern Standard Time  
**To:** "Anna"  
**Cc:**  
**Subject:** I'm under investigation. Fwd: Here's the document from the NYC consumer affairs

ESI00005072-Exhibit 18  
Plaintiff  
Rafael Fox - 182742  
08/12/2020(RG)

----- Forwarded message -----

From: Rafael Fox <[rafaelfox@gmail.com](mailto:rafaelfox@gmail.com)>  
Date: Wed, Jan 10, 2018 at 3:07 PM  
Subject: Heres the document from the NYC consumer affairs  
To: Tim Hutchinson <[thutchin@starbucks.com](mailto:thutchin@starbucks.com)>





Record ID # 0004-2017-FWW

If you have questions about OLPS's investigation and resolution process, please contact the OLPS Lead Investigator Peter Donna at the email address or phone number indicated on the left.

#### **RETALIATION AND INTERFERENCE PROHIBITED**

Under the Fair Workweek Law, employers are prohibited from retaliating against employees for exercising or attempting to exercise rights protected by the Law or interfering with investigations. OLPS takes allegations of retaliation very seriously. If OLPS determines an employer has retaliated against an employee, the employer may be responsible not only for lost wages and benefits to the employee and fines to OLPS, but also may be required to take certain actions, including rehiring an employee who has been unlawfully terminated.

#### **Penalties**

An employer who violates the Fair Workweek Law may be liable for employee relief up to \$500 per employee, for each violation of the Law, plus additional relief, including unpaid schedule change premiums, to remedy any harm done. An employer who terminates an employee for engaging in an activity protected under the Law may be held liable for employee relief up to \$2500 plus full compensation, including lost wages and benefits, and appropriate equitable relief. The employer may additionally be liable for civil penalties of \$500 per employee for each violation of the Law.

#### **For important Fair Workweek Information and Resources**

- Go to [nyc.gov/olps](http://nyc.gov/olps) where you can get:
  - Required Notice of Employee Rights
  - Information sheet for employers
  - Frequently Asked Questions
  - Law and Rules
  - Event Calendar (with scheduled trainings)

The Fair Workweek Law is Chapter 12 of Title 20 of the Administrative Code of the City of New York. The Rules for the Fair Workweek Law are Chapter 7 of Title 6 of the Rules of the City of New York.

#### **Interpretation Services**

If you do not speak or understand English well, OLPS will provide translation services upon request.  
Para más información, por favor llame al (212) 436-0258.

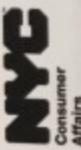
#### **如需了解更多信息 (请致电) (212) 436-0258**

Для дополнительной информации, пожалуйста, позвоните по телефону (212) 436-0258.

경기 지역을 찾으시면 (212) 436-0258로 문의하십시오.

Per obtener información en su idioma de su preferencia (212) 436-0258.  
Pou uveire plus d'informations, faire relle (212) 436-0258.  
अपनी ज़रूरी सवाल (212) 436-0258 पर बताएं।

#### **TTY for hearing impaired persons**



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## DOCUMENT AND INFORMATION REQUEST

The New York City Charter (Chapters 1 and 84 of the New York City Charter), Fair Workweek Law (Chapter 12 of Title 20 of the Administrative Code of the City of New York) and Office of Labor Policy and Standards Rules (Chapter 7 of Title 6 of the Rules of the City of New York) require that you provide DCA with records documenting your compliance with the Fair Workweek Law (the "Law"). If you fail to provide any of the requested documents and/or information, you may face fines and a presumption against you in any court proceeding.

"Fast food worker" means any person who has worked at or for a fast food establishment in New York City where such person's job duties include at least one of the following: customer service, cooking, food or drink preparation, delivery, security, stocking supplies or equipment, cleaning or routine maintenance.

"Work schedule" means shifts, including on-call shifts, that an employer assigns to a fast food worker and includes the dates, times, and locations which and employer requires the employee to work.

Please provide the following in electronic format. Unless otherwise indicated, the applicable date range is November 26, 2017 through the present:

1. A list of the names, job titles, dates of employment, phone numbers, mailing addresses, and e-mail addresses of all fast food workers employed for any amount of time.
2. Job descriptions of all job titles held by fast food workers identified pursuant to request number 1.
3. Estimates of the dates, times, and locations that a fast food worker is expected to work that were provided to each fast food worker at the start of employment and when the estimate changed, pursuant to Section 20-1221(a) of the Law.
4. For all fast food workers for each pay period:
  - a. Each written work schedule provided to each fast food worker, as required by Section 14-08(a)(1)(ii) of the Rules;
  - b. Documents showing the actual hours each fast food worker worked and the date, time, and location of shifts worked by each fast food worker, as required by Section 14-08(a)(1)(i) of the Rules; and
  - c. Documents showing all premium payments made to individual fast food workers, and the dates and amounts of the payments, whether noted on a wage stub or other form of written documentation, as required by Section 14-08(a)(2)(ii) of the Rules.
5. Documents showing the posting of the written notice of fast food workers' rights to predictable scheduling pursuant to Section 20-1205 of the Law and Section 14-02 of the Rules.
6. Written notification to each fast food worker of the method by which available shifts are posted.
7. For each location in NYC, documents sufficient to show:

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a. The notices of available shifts posted pursuant to Section 20-1241(b) of the Law; and

b. Fast food workers' acceptances of available shifts offered pursuant to Section 20-1241(b) of the Law.

c. All communications with fast food workers concerning

- a. Changes to work schedules made less than two weeks in advance of the start of the work schedule; and
- b. Any shifts in which the fast food worker worked consecutive shifts over two calendar days with less than 11 hours in between the shifts.

d. Any agreement or other communication concerning a fast food worker's waiver of rights under the Law.

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OIPs Fair Workweek Employer Response Form updated November 16, 2017

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**EMPLOYER RESPONSE FORM – FAIR WORKWEEK INVESTIGATION**

Please complete all pages of this form and send it to the Office of Labor Policy and Standards (OLPS) by email to: [olpsnew@nyc.gov](mailto:olpsnew@nyc.gov).

**A. EMPLOYER INFORMATION**

From Fast Food Establishments:  
• Checkmark all (do) below if your business is located in New York City (NYC)

What is your business's relationship to the fast food establishment(s) listed above?

Owns the fast food establishment(s) under investigation  
 Runs the fast food establishment(s) under investigation  
 Contracts with the fast food establishment(s) to provide services, including, but not limited to security, cleaning, or temporary staffing services.  
 Other (explain): \_\_\_\_\_

What are the addresses of other fast food establishments in NYC where you have workers who perform customer service, cooking, food or drink preparation, off-site delivery, security, stocking supplies or equipment, cleaning, or routine maintenance duties.

What is your procedure, if any, for providing workers with a "Good Faith Estimate" (written notice of the estimated days, times, locations, and number of hours of work) and updated "Good Faith Estimates?"

What is your procedure for providing workers with their schedules?

What is your schedule period?  
From M / T / W / Th / F / Sa / Su to M / T / W / Th / F / Sa / Su  
(circle one)

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<input type="checkbox"/> I have attached or enclosed all records I maintain that are relevant to my response above and not otherwise included in my response to the Document and Information Request	
<b>C. EMPLOYER CONTACT INFORMATION</b>	
<b>Employer Contact Information</b>	
Your Correct Legal Name _____	
Your Trade Name or Doing Business As (DBA) Name _____	
Your Federal Employer Identification Number _____	
Any Website(s) You Maintain _____	
<b>Address of Headquarters (if different from address on Notice of Investigation)</b> Address (Building Number, Street Name, Apartment/Suite/Others)	
City _____ State _____ Zip/Postal Code _____	
Country (if outside the United States of America) <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> Manhattan	
<b>Person the OLPIS Investigator Should Contact</b>	
First Name _____ Middle Name (initials) _____ Last Name _____ Title/Position _____	
Phone _____ Email _____	

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OLPIS Form Wkweek Employer Response Form updated November 16, 2017

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D. DECLARATION  
I declare under penalty of perjury that the foregoing statements, as well as any attached documents, are true and correct.

Signature \_\_\_\_\_ Date of Execution \_\_\_\_\_

Print Name \_\_\_\_\_

CLPS Fair Workweek Employer Response Form (updated November 16, 2017)

B

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**AFFIRMATION GRANTING AUTHORITY TO ACT**

I, \_\_\_\_\_, affirm the truth of the affirming:

1. The applicable Record ID for this Affirmation is \_\_\_\_\_ Record ID \_\_\_\_\_  
 The Record ID is a unique identifier assigned by the NYC Office of Labor Policy and Standards (OLPS) to refer to a complaint and/or investigation case.

2. I am (please check one):  
 An employee bringing a complaint, or  
 An employer or  
 attorney or  
 representative of  
 employee.  
 I am the \_\_\_\_\_ of  
 Representative to employee!  
 I am the \_\_\_\_\_ of  
 Representative to employer!

Home of employee as it appears on Business,  
 Incorporation, or Partnership Certificate, Articles of  
 Organization, or IRS filing

Residence at \_\_\_\_\_  
 Street Address, City, State ZIP Code \_\_\_\_\_  
 Area Code & Number \_\_\_\_\_  
 and whose phone number and email address are \_\_\_\_\_  
 and \_\_\_\_\_  
 Email Address \_\_\_\_\_

3. I hereby authorize \_\_\_\_\_ of \_\_\_\_\_  
 who maintains an office/address at \_\_\_\_\_  
 and whose phone number and email address are \_\_\_\_\_  
 and whose phone number and email address are \_\_\_\_\_  
 and \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 to represent me or the employer named above before OLPS or the  
 Office of Administrative Trials and Hearings in regard to a complaint, investigation, alleged violation(s), settlement, and/or hearing  
 of the Fair Work Weeks Law (Chapter 13 of Title 20 of the Administrative Code of the City of New York).

I understand that if the employer will be legally bound by the statements the representative makes to OLPS regarding  
 the complaint, investigation, alleged violation(s), settlement, and/or hearing of the Fair Work Weeks Law and will be held responsible  
 for any inaccuracies or misrepresentations.

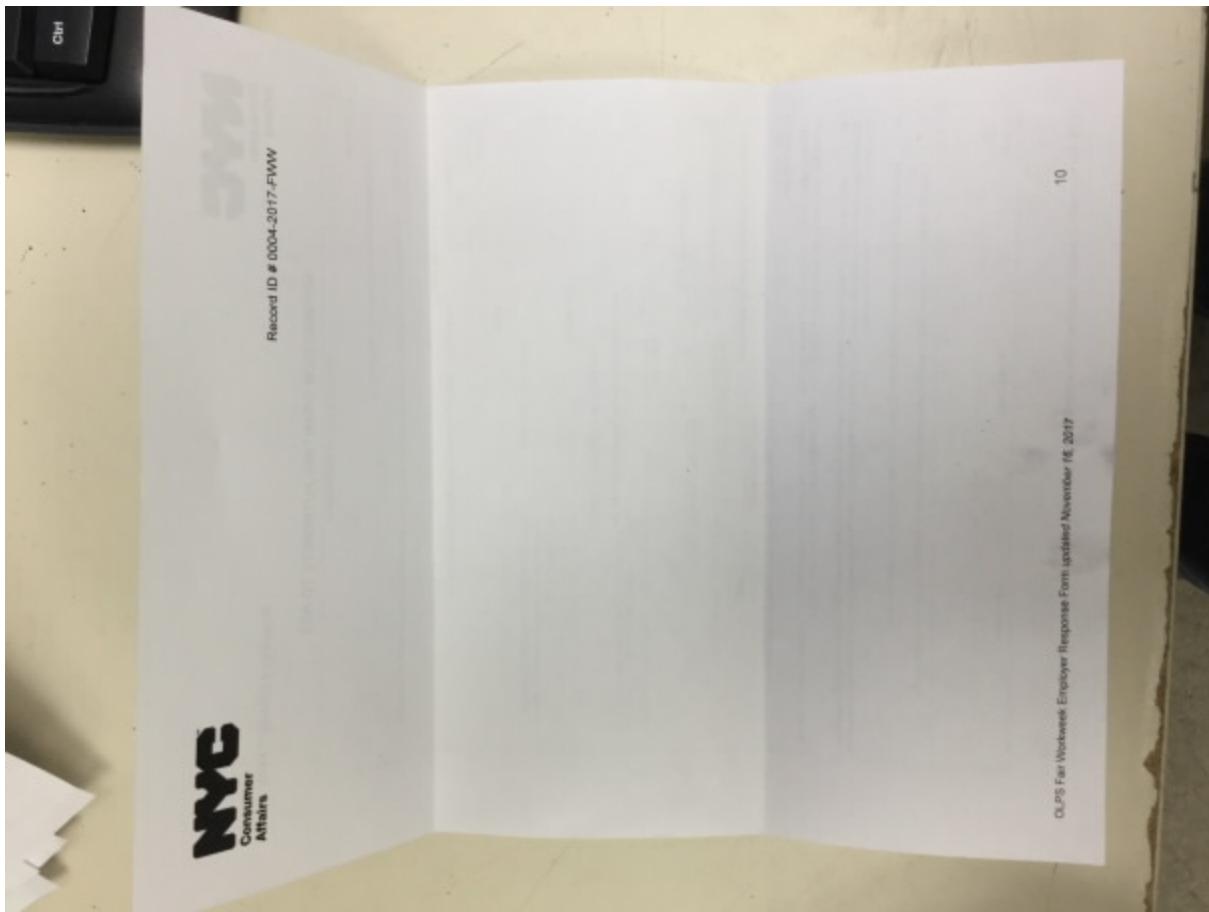
I understand the affirmation will expire in two (2) years from the date I sign and date this form.

I understand that I may revoke (revoke) this affirmation by calling (212) 535-0255 and asking for assistance.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Date Signed \_\_\_\_\_

OLPS Fair Workweek Employee Response Form updated November 16, 2017

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- Attached: IMG\_1445.JPG, 1.529 MB
- Attached: IMG\_1451.JPG, 1.300 MB
- Attached: IMG\_1447.JPG, 1.673 MB
- Attached: IMG\_1448.JPG, 1.137 MB
- Attached: IMG\_1446.JPG, 1.607 MB
- Attached: IMG\_1453.JPG, 1.338 MB
- Attached: IMG\_1449.JPG, 1.347 MB
- Attached: IMG\_1452.JPG, 1.053 MB
- Attached: IMG\_1454.JPG, 1.036 MB